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CONFIRMATION NO. 7036

<b>SERIAL NUMBER</b> 10/820,169	<b>FILING OR 371(c) DATE</b> 04/06/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> S03-013/US
<b>APPLICANTS</b> John L. Faul, Stanford, CA; Toshihiko Nishimura, Menlo Park, CA; Peter N. Kao, Palo Alto, CA; Ronald G. Pearl, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,467 04/08/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/21/2004				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged (Examiner's Signature) Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 30869				
<b>TITLE</b> Implantable arteriovenous shunt device				
<b>FILING FEE RECEIVED</b> 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	